



**POSTSECONDARY CTE ADMINISTRATION
CREDENTIAL REQUIREMENTS
NORTH DAKOTA DEPARTMENT OF CAREER
AND TECHNICAL EDUCATION**
(9/2003)

State Capitol 15th Floor
600 E Boulevard Avenue Dept 270
Bismarck ND 58505-0610
Phone 701-328-3180
Fax 701-328-1255

NAME		TELEPHONE	
STREET	CITY	STATE	ZIP

APPLICATION

Section I:

1. Verification of teaching experience
Career and Technical Education Program _____ to _____
2. Minimum of a masters degree *
Educational Area _____ yes___ no___

* copy of transcript required

Successful completion of the following courses or recognized equivalents are required.

<u>Course Title</u>	<u>Year Completed</u>
a. Philosophy of Career and Technical Education	_____
b. Administration Supervision of Career and Technical Education	_____
c. Competency Based Career and Technical Education	_____

Successful completion of nine semester hours of coursework in two or more of the following areas relating to:

<u>Course Title</u>	<u>Year Completed</u>
Supervision of Personnel	_____
Curriculum Development	_____
Higher Education Finance	_____
Special Populations	_____
School/Community Relations	_____

SIGNATURE

DATE

